
 <b>MONTANA CANCER CONTROL PROGRAMS</b>		<b>Breast and Cervical Abnormal Form</b>		 MONTANA Department of Public Health & Human Services	
Client Name		Phone Number		State ID	
Social Security Number - -		Date of Birth MM / DD / YYYY		Admin Site #	<input type="checkbox"/> Revised
<b>Additional Procedures</b>		<b>Date</b>	<b>Results</b>	<input type="checkbox"/> <b>Diagnostics Paid by MCSP</b>	
<b>Imaging Procedures</b>		<b>Result of imaging procedure</b>			
Additional mammographic views		___/___/___	<input type="checkbox"/> Done		
Ultrasound		___/___/___	<input type="checkbox"/> Done		
Film comparison (to evaluate assessment incomplete)		___/___/___	<input type="checkbox"/> Done		
<b>Final imaging outcome</b> (Includes all imaging procedures and film comparisons done.)		___/___/___	<input type="checkbox"/> Negative (1) <input type="checkbox"/> Suspicious Abnormality (4) <input type="checkbox"/> Benign (2) <input type="checkbox"/> Highly suggestive of malignancy (5) <input type="checkbox"/> Probably Benign (3)		
Surgical consult, repeat breast exam		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Fine needle biopsy/cyst aspiration		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Incisional biopsy		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Excisional biopsy		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Colposcopy directed biopsy/ECC		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Diagnostic LEEP		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Diagnostic cold knife cone		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Diagnostic endocervical curettage		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Gyn consult		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
Other - list: _____		___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer		
<b>Breast Final Diagnosis</b>  <input type="checkbox"/> Cancer not diagnosed  <input type="checkbox"/> Cancer, in-situ - LCIS  <input type="checkbox"/> <b>Cancer, in-situ - DCIS</b>  <input type="checkbox"/> <b>Cancer, invasive</b>		<b>Cervical Final Diagnosis</b>  <input type="checkbox"/> Normal/benign/inflammation <input type="checkbox"/> HPV/condylomata/Atypia <input type="checkbox"/> Mild dysplasia/CIN I (bx dx) <input type="checkbox"/> Low grade SIL (bx dx) <input type="checkbox"/> <b>Moderate dysplasia/CIN II (bx dx)</b> <input type="checkbox"/> <b>High grade SIL (bx dx)</b> <input type="checkbox"/> <b>Severe dysplasia/CIN III/Carcinoma in situ (bx dx)</b> <input type="checkbox"/> <b>Invasive cervical carcinoma (bx dx)</b> <input type="checkbox"/> Other - List: _____			
<b>Complete for Breast and /or Cervical Findings</b>					
<b>Status of final diagnosis/imaging: (date is required)</b>  <input type="checkbox"/> Workup complete      Date ___/___/___ <input type="checkbox"/> Workup refused      Date ___/___/___ <input type="checkbox"/> Lost to follow-up      Date ___/___/___  Comments _____ _____			<b>Status of treatment: (required for bolded final diagnoses)</b>  <input type="checkbox"/> Started      Date ___/___/___ <input type="checkbox"/> Refused      Date ___/___/___ <input type="checkbox"/> Lost to follow-up      Date ___/___/___ Next screening or follow-up due ___/___/___ <div style="text-align: right; margin-right: 50px;">Month      Year</div> Provider's signature _____  Print provider's name _____		